

Highfield Level 2 End-Point Assessment for ST0216 Healthcare Support Worker End-Point Assessment Kit



Highfield Level 2 End-Point Assessment for ST0216 Healthcare Support Worker

EPA kit

Contents

Please click on the headings below to navigate to the associated section of the EPA kit.

Introduction	4
The Highfield approach	8
Gateway	9
The Healthcare Support Worker apprenticeship standard	11
Assessment summary	27
Assessing the observation of practice with questions	29
Assessing the professional discussion underpinned by a portfolio of evidence	34

How to use this EPA kit

Welcome to the Highfield end-point assessment kit for the Healthcare Support Worker standard.

Highfield is an independent end-point assessment organisation that has been approved to offer and carry out the independent end-point assessments for the Level 2 Healthcare Support Worker apprenticeship standard. Highfield internally quality assures all end-point assessments in accordance with its IQA process, and additionally all end-point assessments are externally quality assured by the relevant EQA organisation.

This EPA kit is designed to outline all you need to know about the end-point assessments for this standard and will also provide an overview of the on-programme delivery requirements. In addition, advice and guidance for trainers on how to prepare apprentices for the end-point assessment is included. The approaches suggested are not the only ways in which an apprentice may be prepared for their assessments, but trainers may find them to be a helpful starting point.

Key facts

Apprenticeship standard:	Healthcare Support Worker
Level:	2
On-programme duration:	Minimum of 12 months
End-point assessment window:	Typically 3 months
Grading:	Pass/distinction
End-point assessment methods:	Observation of practice with questions, professional discussion underpinned by a portfolio of evidence

In this kit, you will find:

- an overview of the standard and any on-programme requirements
- a section focused on delivery, where the standard and assessment criteria are presented in a suggested format that is suitable for delivery
- guidance on how to prepare the apprentice for gateway
- detailed information on which part of the standard is assessed by which assessment method
- suggestions on how to prepare the apprentice for each part of the end-point assessment
- a section focused on the end-point assessment method where the assessment criteria are presented in a format suitable for carrying out 'mock' assessments

Introduction

Standard overview

Healthcare support workers (HCSWs) work as part of a team providing high-quality and compassionate care to individuals. HCSWs carry out well-defined routine clinical duties like monitoring an individual's conditions (by checking things like blood pressure, temperature or weight), checking on their overall progress, comfort and wellbeing. Depending on where the HCSWs work, they may also help them to eat, drink, wash, dress or go to the toilet. HCSWs will prepare individuals for healthcare activities carried out by other members of the healthcare team, looking after them before, during and/or after those activities in line with their care plan. HCSW's will also carry out non-clinical duties and, depending on where they work, this could include things like keeping records, making beds, tidying up their work area, returning or cleaning the equipment used during a clinical activity.

HCSWs will be able to address straightforward problems in their day-to-day work, reporting concerns and changes to the appropriate person in a timely manner. HCSWs work in a range of healthcare settings and their team may include workers from both health and social care. HCSWs will report to a registered healthcare practitioner who will directly or indirectly supervise their work.

On-programme requirements

Although learning, development and on-programme assessment is flexible, and the process is not prescribed, the following is the recommended baseline expectation for an apprentice to achieve full competence in line with the Healthcare Support Worker apprenticeship standard.

The on-programme assessment approach will be agreed between the training provider and employer. The assessment will give an ongoing indication of an apprentice's performance against the final outcomes defined in the standard. The training provider will need to prepare the apprentice for the end-point assessment, including preparation for the observation of practice with questions and professional discussion underpinned by a portfolio of evidence (for example, provision of recordings of professional discussions).

The training programme leading to end-point assessment should cover the breadth and depth of the standard, using suggested on-programme assessment methods that integrate the knowledge, skills and behaviour components. This should ensure that the apprentice is sufficiently prepared to undertake the end-point assessment. Training, development and ongoing review activities should include:

- achievement of level 1 English and maths
- any qualifications specified by the employer

- completion of a portfolio through which the apprentice gathers evidence of their progress
- study days and training courses
- mentoring/buddy support
- regular performance reviews undertaken by the employer
- structured one-to-one reviews of their progress with their employer and/or training provider

Throughout the period of learning and development, and at least every 2 months, the apprentice should meet with the on-programme assessor to record their progress against the standard. At these reviews, evidence should be discussed and recorded by the apprentice. The maintenance of an on-programme record is important to support the apprentice, on-programme assessor and employer in monitoring the progress of learning and development and to determine when the apprentice has achieved full competence in their job role and is therefore ready for end-point assessment.

Portfolio of evidence

The apprentice must compile a portfolio of evidence during their time on-programme that is mapped against the knowledge, skills and behaviours assessed in the professional discussion underpinned by a portfolio of evidence.

It will typically contain 8 discrete pieces of evidence (2 per grading theme). Evidence may be used to demonstrate more than 1 knowledge, skill or behaviour as a qualitative approach is suggested as opposed to a quantitative approach.

Evidence sources for the portfolio may include:

- witness testimonials
- written report of a case-based discussion
- written report of supporting an intervention
- clinical supervision reflection (relating to K25 and S25 ONLY)
- work-based observation
- evidence of ongoing professional development

This is not a definitive list and other evidence sources are possible. Given the breadth of context and roles in which this occupation works, the apprentice will select the most appropriate evidence based on the context of their practice against the relevant knowledge, skills and behaviours.

The portfolio should not include reflective accounts or any methods of self-assessment, except where evidencing K25 or S25. Any employer contributions should focus on direct observation of performance (for example, witness statements) rather than opinions.

The portfolio must be accompanied by a portfolio matrix. This can be downloaded from our website. The portfolio matrix must be fully completed including a declaration by the employer and the apprentice to confirm that the portfolio is valid and attributable to the apprentice.

The portfolio of evidence must be submitted to Highfield at gateway. It is not directly assessed but underpins the professional discussion.

Use of Artificial Intelligence (AI) in the EPA

Where AI has been used as part of the apprentice's day-to-day work and forms part of a project report, presentation, or artefact, it should be referenced as such within the work. AI must not be used to produce the report or portfolio.

Where AI has been used as part of a portfolio that underpins an interview or professional discussion or any other assessment method, it should be fully referenced within the portfolio.

Readiness for end-point assessment

In order for an apprentice to be ready for the end-point assessments:

- the apprentice must have achieved level 1 English and maths.
- the apprentice must have gathered a portfolio of evidence against the required elements to be put forward to be used as the basis for the professional discussion.
- the apprentice must have gathered their organisation's policies and procedures as requested by Highfield. For guidance, a list of examples has been provided below.
 - Escalation/reporting of changes to an individual's health
 - Safeguarding/whistleblowing
 - Confidentiality, duty of care and disclosure
 - Safe supply and management of stock
 - Cleaning, disinfecting and disposal of materials and equipment
 - Reporting of incidents, errors or near misses

This list is not definitive. The policies and procedures may already be included as part of the portfolio of evidence.

- the line manager (employer) must be confident that the apprentice has developed all the knowledge, skills and behaviours defined in the apprenticeship standard and that the apprentice is competent in performing their role. To ensure this, the apprentice must attend a formal meeting with their employer to complete the Gateway Readiness Report.
- the apprentice and the employer should then engage with Highfield to agree a plan and schedule for each assessment activity to ensure all components can be completed within a 3-month end-point assessment window. Further information about the gateway process is covered later in this kit.

If you have any queries regarding the gateway requirements, please contact your EPA customer engagement manager at Highfield Assessment.

Order of end-point assessments

The assessment methods can be delivered in any order.

[Click here to return to contents](#)

The Highfield approach

This section describes the approach Highfield has adopted in the development of this end-point assessment in terms of its interpretation of the requirements of the end-point assessment plan and other relevant documents.

Documents used in developing this end-point assessment

Standard and end-point assessment plan (ST0216/v1.1)

[Healthcare support worker / Institute for Apprenticeships and Technical Education](#)

Specific considerations

Highfield's approach does not deviate from the assessment plan.

[Click here to return to contents](#)

Gateway

How to prepare for gateway

After apprentices have completed their on-programme learning, they should be ready to pass through 'gateway' to their end-point assessment.

Gateway is a meeting that should be arranged between the apprentice, their employer and the training provider to determine that the apprentice is ready to undertake their end-point assessment. The apprentice should prepare for this meeting by bringing along work-based evidence, including:

- customer feedback
- recordings
- manager statements
- witness statements

As well as evidence from others, such as:

- mid and end-of-year performance reviews
- feedback to show how they have met the apprenticeship standards while on-programme

In advance of gateway, apprentices will need to have:

- achieved level 1 English
- achieved level 1 maths
- submitted a suitable portfolio of evidence to be used as the basis for the professional discussion (see the portfolio matrix section on the Gateway Readiness Report)
- submitted their organisation's policies and procedures as requested by Highfield

Therefore, apprentices should be advised by employers and providers to gather this evidence and undertake these qualifications during their on-programme training. It is recommended that employers and providers complete regular checks and reviews of this evidence, to ensure the apprentice is progressing and achieving the standards before the formal gateway meeting is arranged.

The gateway meeting

The gateway meeting should last around an hour and must be completed on or after the apprenticeship on-programme end date. It should be attended by the apprentice and the relevant people who have worked with the apprentice on-programme, such as the line manager/employer or mentor, the on-programme trainer/training provider and/or a senior manager (as appropriate to the business).

During the meeting, the apprentice, employer and training provider will discuss the apprentice's progress to date and confirm if the apprentice has met the full criteria of the apprenticeship standard during their on-programme training. The **Gateway Readiness Report** should be used to log the outcomes of the meeting and agreed by all 3 parties. This report is available to download from the Highfield Assessment website.

The report should then be submitted to Highfield to initiate the end-point assessment process. If you require any support completing the Gateway Readiness Report, please contact your EPA customer engagement manager at Highfield Assessment.

Please note: A copy of the standard should be available to all attendees during the gateway meeting.

Reasonable adjustments and special considerations

Highfield Assessment has measures in place for apprentices who require additional support. Please refer to the Highfield Assessment Reasonable Adjustments policy for further information/guidance.

ID requirements

Highfield Assessment will need to ensure that the person undertaking an assessment is indeed the person they are claiming to be. All employers are therefore required to ensure that each apprentice has their identification with them on the day of the assessment so the end-point assessor can check.

Highfield Assessment will accept the following as proof of an apprentice's identity:

- a valid passport (any nationality)
- a signed UK photocard driving licence
- a valid warrant card issued by HM forces or the Police
- another photographic ID card, for example, employee ID card or travel card

[Click here to return to contents](#)

The Healthcare Support Worker apprenticeship standard

The following pages contain the Healthcare Support Worker apprenticeship standard and the assessment criteria in a format that is suitable for delivery.

Working to protocol	
Knowledge	Skills
<p>K1 The legislation, policies, standards, local ways of working and codes of conduct that apply to own role</p> <p>K2 The scope of practice, limitations of own competence and who to ask for support</p> <p>K3 The principles of ‘person-centred care and support’, including principles of equality, diversity and inclusion, active participation, consent and choice</p> <p>K4 The principles of a ‘duty of care’ and ‘safeguarding’, including the signs and types of abuse and ways to reduce the risk of abuse</p>	<p>S1 Work in line with legislation, policies, standards, local ways of working and codes of conduct that apply to own role</p> <p>S2 Work within the scope of practice, the limits of own knowledge and skills, escalating and reporting to others when needed</p> <p>S3 Work as part of a multi-disciplinary team to provide safe non-discriminatory person-centred care and support in line with individual’s established consent</p> <p>S4 Implement a duty of care, recognising and responding to safeguarding and protection concerns and acting in the best interest of individuals to ensure they do not come to harm</p>
Observation of practice with questions	
Pass criteria	
<p>WP1 Works within the limits of the role of a healthcare support worker and adheres to legislation, policies, standards, codes of conduct and local ways of working (K1, S1)</p> <p>WP2 Recognises when something is outside of their scope of practice or their own competence and uses the escalation and reporting mechanisms relevant to their role (K2, S2)</p>	

WP3 Establishes **consent**, or checks that **consent** has been established, from the **individual** and works with others from the multi-disciplinary team to provide **safe, person-centred and non-discriminatory care**

WP4 Applies the principles of **duty of care**, recognising and responding to safeguarding and/or protection concerns to ensure **individuals** do not come to harm

Amplification and guidance

- **Legislation, policies, standards, local ways of working and codes of conduct** could include:
 - Health and safety legislation
 - Health and Safety at Work etc. Act 1974 (HASWA)
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
 - Management of Health and Safety at Work Regulations (MHSWR)
 - Regulatory Reform (Fire Safety) Order
 - Control of Substances Hazardous to Health Regulations (COSHH)
 - Manual Handling Operations Regulations (MHOR)
 - Provision and Use of Work Equipment Regulations (PUWER)
 - Lifting Operations and Lifting Equipment Regulations (LOLER)
 - General Data Protection Regulations (GDPR)
 - Data Protection Act 2018
 - Caldicott Report
 - Health and Social Care Act 2012
 - Health and Care Act 2022
 - Public Health (Control of Diseases) Act and Public Health (Infectious Diseases) Regulations
 - Information Governance Policy
 - Equality legislation
 - Organisational policies and procedures
 - Formally agreed guidance on how to carry out tasks in your workplace

- Less formally agreed ways of working
- Less formally documented by individual employers and the self-employed or formal policies

This list is not exhaustive.

- **Individuals** are those requiring care and support, and may include patients, service users or clients.
- **Person-centred care and support** refer to viewing the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs; considering a person's desires, values, family situation, social circumstances and lifestyle; seeing the person as an individual and working together to develop appropriate solutions.
- **Consent** means an informed agreement to an action or decision. The process of establishing consent will vary according to an individual's assessed capacity to consent. Consent may be implied, written or verbal.
- **Active participation** is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible. The individual is regarded as an active partner in their own care or support, rather than a passive recipient.
- **Duty of care** means that a worker must aim to provide high-quality care to the best of their ability and say if there are any reasons why they may be unable to do so.
- **Types of abuse** may include:
 - physical abuse
 - domestic violence or abuse
 - sexual abuse
 - psychological or emotional abuse
 - financial or material abuse
 - modern slavery

- discriminatory abuse
 - organisational or institutional abuse
 - neglect or acts of omission
 - self-neglect
- **Ways to reduce the risk of abuse** may include:
 - working with person-centred values
 - encouraging active participation
 - promoting choice and rights
 - supporting individuals with awareness of personal safety
 - managing risk
 - focusing on prevention

Provision of care		
Knowledge	Skills	Behaviours
K5 The signs and symptoms that an individual is in pain, distress or discomfort K6 The signs and symptoms that an individual's health and wellbeing is changing and ways to report changes K7 Techniques and principles to perform basic life support	S5 Recognise and respond to the signs and symptoms that an individual is in pain, distress or discomfort to maximise comfort and wellbeing S6 Recognise and respond to changes in individuals' health and wellbeing S7 Perform basic life support	B1 Treat people with dignity

<p>K8 The physiological states, their normal ranges and the correct tools or equipment used to measure them</p> <p>K9 The importance of prescribed medication and the limitations of own role in relation to medication</p> <p>K10 The principles of hydration, nutrition and food safety</p> <p>K11 The activities of daily living and ways to support individuals in developing and maintaining their independence in carrying out these activities</p> <p>K14 Local systems to manage appointments, including IT and telephone systems, how and where to sign-post individuals</p> <p>K16 The meaning of 'capacity', the differences between mental illness, dementia and learning disability and the impact of these conditions on an individual's needs</p> <p>K17 The principles of health promotion, availability of services to support individuals with lifestyle choices and how referrals can be made if required</p>	<p>S8 Undertake physiological measurements, selecting and using the correct tools or equipment</p> <p>S9 Assist the registered practitioner in encouraging individuals to take or use their prescribed medication</p> <p>S10 Promote access to fluids and nutrition in line with an individual's care plan</p> <p>S11 Support individuals with activities of daily living to maximise independence in line with their desired outcomes and plan of care</p> <p>S14 Support others with appointments, enquiries and referrals</p> <p>S16 Recognise and respond to limitations in an individual's mental capacity</p> <p>S17 Act on opportunities to support others to maximise their health, well-being and positive lifestyle choices</p>	
Observation of practice with questions		
Pass criteria		

<p>PC1 Checks and responds to signs and symptoms that an individual's health is changing or if they are in pain, distress or discomfort acting to maximise their dignity, comfort and wellbeing and following the correct procedure for reporting the changes or situation (K5, K6, S5, S6, B1)</p> <p>PC2 Undertakes physiological measurements on an individual, selecting and using the correct tools or equipment</p> <p>PC3 Checks the care plan and provides the correct, safe access to fluids and nutrition</p> <p>PC4 Works according to the care plan and the individual's desired outcomes to support them with the activities of daily living in a way that supports and maximises independence</p>	
Professional discussion underpinned by a portfolio of evidence	
Pass criteria	Distinction criteria
<p>PC5 Describes the techniques and principles for providing basic life support and how they apply them in their own practice</p> <p>PC6 Describes how they assist registered practitioners in encouraging individuals to take or use prescribed medicines within the limitations of their own role and organisational policy</p> <p>PC7 Explains how they have supported others with appointments, enquiries and/or referrals using relevant IT and telephone systems</p> <p>PC8 Defines mental capacity and describes the difference between mental illness, dementia and learning disability, giving an example of when they recognised and responded to an individual's mental capacity</p> <p>PC9 Explains the principles of health promotion, outlining the services available and how referrals are made, acting on opportunities to support others in maximising their health, well-being and positive lifestyle choices</p>	<p><i>PC10 Reviews the extent to which their support has maximised the health, wellbeing and positive lifestyle choices of individuals</i></p>

Amplification and guidance

- **Wellbeing** may include aspects that are:
 - social
 - emotional
 - cultural
 - spiritual
 - intellectual
 - economic
 - physical
- **Basic life support** refers to a variety of non-invasive emergency procedures performed to assist in the immediate survival of a patient, including cardiopulmonary resuscitation, haemorrhage control, stabilisation of fractures, spinal immobilisation and basic first aid.
- **Physiological state** refers to the condition or state of the body or bodily functions.
- **Physiological measurements** could include:
 - body temperature
 - weight
 - height
 - blood pressure
 - pulse
 - breathing rate
- Examples of **normal ranges of physiological measurements in an adult** include:
 - body temperature of 37°C.

- blood pressure in the range of 120/80mmHg – 140/90mmHg. This may vary dependent on age and other contributing factors. Readings should be reported for risk assessment.
- pulse rate range of 60 – 100 beats per minute. This may vary dependent on disease and other contributing factors. Readings should be reported for risk assessment.
- breathing rate of 12 – 20 breathes per minute. This may vary dependent on age and other contributing factors. Readings should be reported for risk assessment.
- a BMI weight of 18.5 – 24.9 is considered a healthy range in adults. This will vary dependent on age and other contributing factors. Readings should be reported for risk assessment.

- **Activities of daily living** may include:

- feeding oneself
- drinking
- bathing/washing
- toileting
- dressing
- grooming
- work
- homemaking
- leisure

- **Mental capacity** refers to the ability of someone to make their own decisions and should make reference to the Mental Capacity Act.

- Examples of **health promotion** may include:

- tailoring patient's/client's/individual's needs and preferences
- involving patients/clients/individuals and, if appropriate, families and carers in their care and treatment
- using effective communication

- giving appropriate information in a way the individual understands
- gaining consent prior to each activity/procedure
- considering culture, mental capacity, physical, sensory or learning disabilities and individuals who do not speak or write English
- focusing on wellness and what can be achieved rather than what cannot

Communication		
Knowledge	Skills	Behaviours
<p>K15 Communication techniques to maximise understanding including for individuals with specific communication needs or wishes</p> <p>K18 Ways to record and store information securely and in line with national and local policy and legislation, including the safe use of technology</p> <p>K19 The principles and organisational policies for confidentiality, duty of confidence and disclosure</p>	<p>S15 Communicate with individuals using techniques designed to facilitate understanding</p> <p>S18 Record and store information related to individuals securely and in line with local and national policies, including the safe use of technology</p> <p>S19 Report and share information related to individuals securely and in line with local and national policies, maintaining confidentiality</p>	<p>B2 Show respect and empathy for those you work with</p>
Observation of practice with questions		
Pass criteria		
<p>C1 Selects and applies communication techniques to promote understanding appropriate to the needs of the individual(s), showing respect and empathy in line with organisational policies and procedures</p>		

C2 Records, stores, reports, shares or discloses information correctly and in line with **national and local policy and legislation**, using technology safely and securely and maintaining confidentiality at all times

Amplification and guidance

- **Communication techniques** may include:
 - verbal
 - Vocabulary
 - Linguistic tone
 - Pitch
 - Accent/regional variations
 - Jargon/complex terminology
 - non-verbal communication
 - Position/proximity
 - Eye contact
 - Touch
 - Signs
 - Symbols and pictures
 - Physical gestures
 - Body language
 - Behaviour
 - Writing
 - Objects of reference
 - Human and technological aids
 - written
 - electronic/digital
 - pictorial
 - braille/BSL/Makaton

- **National and local policy and legislation** may include:
 - General Data Protection Regulations (GDPR)
 - Data Protection Act 2018
 - Freedom of Information Act 2000
 - Care Act 2014
 - Human Rights Act 1998
 - Computer Misuse Act 1990
 - Access to Health Records 1990
 - NHS Code of practice (DoH 2003)

Health, safety, stock and equipment management	
Knowledge	Skills
K12 Local systems to order and manage supplies and stocks	S12 Contribute to the storage of supplies and equipment
K13 Methods to safely clean and dispose of materials and equipment, including ways to handle hazardous materials and substances	S13 Contribute to the cleaning, disinfecting and disposal of materials and equipment
K20 The principles of infection prevention and control and the importance of good personal hygiene , hand hygiene and correct use of Personal Protective Equipment (PPE)	S20 Maintain a safe and healthy working environment, using a range of techniques for infection prevention and control, including hand hygiene and the use of Personal Protective Equipment (PPE)
K21 The health and safety legislation, the principles of safe moving and handling of equipment and other objects and assistance of individuals	S21 Move and handle equipment or other items safely and assist individuals
Observation of practice with questions	

Pass criteria
<p>HS1 Uses and stores equipment and supplies correctly in line with organisational policy and procedures for the safe supply and management of stock</p> <p>HS2 Cleans, disinfects or disposes of materials or equipment in line with organisational policy and procedures for handling hazardous materials and substances safely</p> <p>HS3 Applies the correct infection prevention and control measures to the tasks they are carrying out, including hand hygiene and use of Personal Protective Equipment (PPE)</p> <p>HS4 Moves and handles equipment or other items and assists individuals safely and in line with health and safety legislation</p>
Amplification and guidance
<ul style="list-style-type: none"> • Personal hygiene involves those practices performed by an individual to care for one's bodily health and wellbeing, through cleanliness. • Personal protective equipment (PPE) may include: <ul style="list-style-type: none"> ○ gloves ○ aprons ○ masks

CPD and reflection		
Knowledge	Skills	Behaviours
<p>K23 The principles of continuing personal development and the local arrangements for appraisal and supervision</p> <p>K24 The principles of the 'Care Certificate'</p> <p>K25 The principles of reflective practice</p>	<p>S23 Participate in appraisal and supervision to support ongoing personal development</p> <p>S24 Participate in training and development activities including the Care Certificate Standards</p>	<p>B3 Be adaptable, reliable and consistent</p>

	S25 Reflect on own practice	
Professional discussion underpinned by a portfolio of evidence		
Pass criteria		Distinction criteria
<p>CR1 Explains how they take part in appraisal and supervision, summarising the impact on their ongoing personal development. Discusses how they have been adaptable, reliable and consistent in their approach to work tasks</p> <p>CR2 Outlines the principles of the Care Certificate and describes how it has contributed to their training and development</p> <p>CR3 Identifies times when they reflect on their own practice, explaining their choices and describing the impact it has on their daily work</p>		<p>CR4 <i>Evaluates the impact of reflective practice on their way of working</i></p>
Amplification and guidance		
<ul style="list-style-type: none"> • Work tasks could include: <ul style="list-style-type: none"> ○ supporting with social activities ○ monitoring health ○ assisting with eating, mobility and personal care • Principles of the Care Certificate include: <ul style="list-style-type: none"> ○ understand your role ○ your personal development ○ duty of care ○ equality and diversity ○ work in a person-centred way ○ communication 		

- privacy and dignity
- fluids and nutrition
- awareness of mental health, dementia and learning disabilities
- safeguarding adults
- safeguarding children
- basic life support
- health and safety
- handling information
- infection prevention and control

Quality	
Knowledge	Skills
K26 The principles of 'quality improvement' K27 Ways to source evidence to support improvement in the workplace	S26 Contribute to improvement activities in the workplace, for example collecting and logging data for audit S27 Use evidence to make suggestions for improving practice
Professional discussion underpinned by a portfolio of evidence	
Pass criteria	Distinction criteria
Q1 Identifies how they contribute to quality improvement activities in the workplace, by giving examples of how they have helped to collect data or used evidence to make improvements to practice	Q2 <i>Evaluates how far the evidence they have collected has contributed to improvement activities in the workplace</i>

Amplification and guidance
<ul style="list-style-type: none"> • Principles of quality improvement include: <ul style="list-style-type: none"> ○ care improvement methods ○ being efficient ○ being safe ○ being timely ○ being effective ○ being equitable

Risk, health and safety	
Knowledge	Skills
K22 The meaning of ' risk ' in the workplace, ways to identify and raise concerns and own responsibilities in relation to incidents, errors and near misses	S22 Take action in response to identified concerns, risks, incidents or errors and near misses arising in the workplace
Professional discussion underpinned by a portfolio of evidence	
Pass criteria	Distinction criteria

R1 Defines risk in relation to their place of work and describes their actions when raising concerns and reporting incidents, errors or near misses in line with organisational policies and procedures	R2 <i>Evaluates the impact on the organisation of their response to identified risks, incidents or errors and/or near misses in their place of work</i>
Amplification and guidance	
<ul style="list-style-type: none"> • Risk is the likelihood for harm to occur. • Incidents are any unintended or unexpected event which could have or did lead to harm. • Errors are a failure of a planned action or activity. For example, the use of an incorrect plan to achieve an outcome. • Near misses are events that do not cause harm but have the potential to cause injury or ill health. 	

[Click here to return to contents](#)

Assessment summary

The end-point assessment for the Healthcare Support Worker apprenticeship standard is made up of 2 assessment methods:

1. A 2-hour observation of practice with questions
2. A 60-minute professional discussion underpinned by a portfolio of evidence

As an employer/training provider, you should agree a plan and schedule with the apprentice to ensure all assessment components can be completed effectively.

Each component of the end-point assessment will be assessed against the appropriate criteria laid out in this kit, which will be used to determine a grade for each individual. The grade will be determined using the combined grades.

Observation of practice with questions

The observation of practice with questions is graded at pass only. Apprentices will be marked against the pass criteria outlined in this kit.

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- **Unsuccessful** apprentices will not have achieved all of the pass criteria

Professional discussion underpinned by a portfolio of evidence

Apprentices will be marked against the pass and distinction criteria outlined in this kit.

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- To achieve a **distinction**, apprentices must achieve all of the pass criteria **and** all of the distinction criteria
- **Unsuccessful** apprentices will not have achieved all of the pass criteria

Grading

The apprenticeship includes pass and distinction grades, with the final grade based on the apprentice's combined performance in each assessment method.

To achieve a pass, the apprentice is required to pass each of the 2 assessment methods.

To achieve a distinction, the apprentice must achieve a distinction in the professional discussion underpinned by a portfolio of evidence and a pass in the observation of practice with questions.

The overall grade for the apprentice is determined using the matrix below.

Observation of practice with questions	Professional discussion underpinned by a portfolio of evidence	Overall grade awarded
Fail either of the 2 assessment methods		Fail
Pass	Pass	Pass
Pass	Distinction	Distinction

Retake and resit information

If an apprentice fails an end-point assessment method, it is the employer, provider and apprentice's decision whether to attempt a resit or retake. If a **resit** is chosen, please call the Highfield scheduling team to arrange the resit. If a **retake** is chosen, the apprentice will require a period of further learning and will need to complete a new gateway meeting and Gateway Readiness Report. Once this is completed, please call the Highfield scheduling team to arrange the retake.

A resit is typically taken within 3 months of the EPA outcome notification. The timescale for a retake will be dependent on how much retraining is required and is typically taken within 6 months of the EPA outcome notification.

When undertaking a resit or retake, the assessment method(s) will need to be reattempted in full, regardless of any individual assessment criteria that were passed on any prior attempt. The EPA report will contain feedback on areas for development and resit or retake guidance.

Any EPA component resit/retake must be taken within a 6 month period, otherwise, the entire EPA must be retaken in full. Apprentices should have a supportive action plan to prepare for the resit/retake.

Apprentices who achieve a pass grade cannot resit or retake the EPA to achieve a higher grade.

Apprentices who take a resit/retake will only be able to achieve a maximum grade of a pass, unless there are exceptional circumstances that are beyond the control of the apprentice as determined by Highfield.

[Click here to return to contents](#)

Assessing the observation of practice with questions

The assessor will observe the apprentice undertaking work as part of their normal duties in the workplace and ask questions. Simulation is not permitted. The assessor will only observe 1 apprentice at any 1 time. The observation of practice with questions will be scheduled at least 2 weeks after gateway.

The observation of practice with questions will last a total of 2 hours, with 90 minutes for the observation followed by 30 minutes allocated for questions. The assessor can increase the time by up to 10% to allow the apprentice to complete a task or respond to a question.

The observation of practice with questions may be split into discrete sections held on the same working day. This includes comfort breaks as necessary and to allow the apprentice to move from 1 location to another where required. Breaks will not count towards the total assessment time.

The assessor will brief the apprentice on the format of the observation with questions, including the timescales that they will be working to, before the start of the observation. The time taken for this briefing is not included in the assessment time.

The observation with questions will take place in the apprentice's normal place of work. Equipment and resources needed for the observation will be provided by the employer and must be in good and safe working condition.

The following activities should be observed during the observation:

- working as part of the healthcare team
- providing care and support to individuals
- communicating in a way that facilitates understanding
- maintaining the health and safety of the workplace, individuals, colleagues and themselves through safe work practices
- adhering to protocols relevant to their role, the service or intervention they are providing and the organisation they are working in

Questions will be asked after the observation to allow the apprentice the opportunity to cover any pass criteria that have not been demonstrated during the observation. The assessor will ask **at least 4 questions**. Follow-up questions may be asked where clarification is required.

Before the assessment:

Employers/training providers should:

- ensure the apprentice knows the date, time and location of the assessment
- ensure the apprentice knows which healthcare support worker criteria will be assessed (outlined on the following pages)
- encourage the apprentice to reflect on their experience and learning on-programme to understand what is required to meet the standard and identify real-life examples
- be prepared to provide clarification to the apprentice, and signpost them to relevant parts of their on-programme experience as preparation for this assessment

Grading the observation of practice with questions

The observation of practice with questions is graded at a pass only. Apprentices will be marked against the pass criteria included in the tables on the following pages (under 'Observations of practice with questions criteria').

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- **Unsuccessful** apprentices will have not achieved all of the pass criteria

Observation of practice with questions mock assessment

It is the employer/training provider's responsibility to prepare apprentices for their end-point assessment. Highfield recommends that the apprentice experiences a mock observation with questions in advance of the end-point assessment, with the training provider/employer giving feedback on any areas for improvement.

In designing a mock assessment, the employer/training provider should include the following elements in its planning:

- the mock interview should take place in a suitable location.
- a 2-hour time slot should be available for the observation of practice with questions, if it is intended to be a complete mock observation of practice with questions covering all relevant standards (outlined in the following pages). However, this time may be split up to allow for progressive learning.
- consider a video or audio recording of the mock observation of practice with questions and allow it to be available to other apprentices, especially if it is not practicable for the employer/training provider to carry out a separate mock observation with questions with each apprentice.

- ensure that the apprentice's performance is assessed by a competent trainer/assessor, and that feedback is shared with the apprentice to complete the learning experience. Mock assessment sheets are available to download from the Highfield Assessment website and may be used for this purpose.
- use structured 'open' questions that do not lead the apprentice but allows them to give examples for how they have met each area in the standard. For example:
 - working to protocol
 - What are the appropriate actions to take when something is outside of your scope of practice?
 - provision of care
 - What would you do if you noticed a change in an individual's health?
 - communication
 - How do you follow local and national policies when handling information?
 - health, safety, stock and equipment management
 - Which hazardous materials and substances do you use and how do ensure they are used and stored safely?

Observation of practice with questions criteria

Throughout the 90-minute observation of practice with questions, the assessor will review the apprentice's competence in the criteria outlined below.

Apprentices should prepare for the observation of practice with questions by considering how the criteria can be met.

Working to protocol
To pass, the following must be evidenced.
WP1 Works within the limits of the role of a healthcare support worker and adheres to legislation, policies, standards, codes of conduct and local ways of working (K1, S1)
WP2 Recognises when something is outside of their scope of practice or their own competence and uses the escalation and reporting mechanisms relevant to their role (K2, S2)
WP3 Establishes consent, or checks that consent has been established, from the individual and works with others from the multi-disciplinary team to provide safe, person-centred and non-discriminatory care
WP4 Applies the principles of duty of care, recognising and responding to safeguarding and/or protection concerns to ensure individuals do not come to harm

Provision of care
To pass, the following must be evidenced.
PC1 Checks and responds to signs and symptoms that an individual's health is changing or if they are in pain, distress or discomfort acting to maximise their dignity, comfort and wellbeing and following the correct procedure for reporting the changes or situation
PC2 Undertakes physiological measurements on an individual, selecting and using the correct tools or equipment
PC3 Checks the care plan and provides the correct, safe access to fluids and nutrition
PC4 Works according to the care plan and the individual's desired outcomes to support them with the activities of daily living in a way that supports and maximises independence

Communication
To pass, the following must be evidenced.
C1 Selects and applies communication techniques to promote understanding appropriate to the needs of the individual(s), showing respect and empathy in line with organisational policies and procedures
C2 Records, stores, reports, shares or discloses information correctly and in line with national and local policy and legislation, using technology safely and securely and maintaining confidentiality at all times

Health, safety, stock and equipment management

To pass, the following must be evidenced.

- HS1** Uses and stores equipment and supplies correctly in line with organisational policy and procedures for the safe supply and management of stock
- HS2** Cleans, disinfects or disposes of materials or equipment in line with organisational policy and procedures for handling hazardous materials and substances safely
- HS3** Applies the correct infection prevention and control measures to the tasks they are carrying out, including hand hygiene and use of Personal Protective Equipment (PPE)
- HS4** Moves and handles equipment or other items and assists individuals safely and in line with health and safety legislation

[Click here to return to contents](#)

Assessing the professional discussion underpinned by a portfolio of evidence

In the professional discussion underpinned by a portfolio of evidence, the assessor and the apprentice will have a formal 2-way conversation. It will consist of the independent assessor asking the apprentice questions to assess their competence against the relevant criteria outlined in this kit. Employers are allowed to be present. However, this is optional.

Apprentices can refer to and illustrate their answers with evidence from their portfolio of evidence during the professional discussion. However, the portfolio of evidence is not directly assessed.

The professional discussion will be scheduled at least 2 weeks after gateway. It will take place in a suitable environment and can be conducted by video conferencing. It will last for 60 minutes. The independent assessor can increase the time of the interview by up to 10% to allow the apprentice to complete their last answer.

The assessor will ask **at least 8 questions**. Follow-up questions may be asked where clarification is required.

Apprentices are expected to understand and use relevant occupational language that would be typical of a competent person in this occupation.

Before the assessment:

Employers/training providers should:

- ensure the apprentice knows the date, time and location of the assessment
- ensure the apprentice knows which criteria will be assessed (outlined on the following pages)
- encourage the apprentice to reflect on their experience and learning on-programme to understand what is required to meet the standard
- be prepared to provide clarification to the apprentice, and signpost them to relevant parts of their on-programme experience as preparation for this assessment

Grading the professional discussion underpinned by a portfolio of evidence

Apprentices will be marked against the pass and distinction criteria included in the tables on the following pages (under 'Professional discussion underpinned by a portfolio of evidence criteria').

- To achieve a **pass**, apprentices must achieve all of the pass criteria
- To achieve a **distinction**, apprentices must achieve all of the pass criteria **and** all of the distinction criteria
- **Unsuccessful** apprentices will have not achieved all of the pass criteria

Professional discussion underpinned by a portfolio of evidence mock assessment

It is the employer/training provider's responsibility to prepare apprentices for their end-point assessment. Highfield recommends that the apprentice experiences a mock professional discussion underpinned by a portfolio of evidence in preparation for the real thing. The most appropriate form of a mock professional discussion underpinned by a portfolio of evidence will depend on the apprentice's setting and the resources available at the time.

In designing a mock assessment, the employer/training provider should include the following elements in its planning:

- the mock professional discussion underpinned by a portfolio of evidence should take place in a suitable location.
- a 60-minute time slot should be available to complete the professional discussion underpinned by a portfolio of evidence, if it is intended to be a complete interview covering all relevant standards. However, this time may be split up to allow for progressive learning.
- consider a video or audio recording of the mock professional discussion underpinned by a portfolio of evidence and allow it to be available to other apprentices, especially if it is not practicable for the employer/training provider to carry out a separate mock assessment with each apprentice.
- ensure that the apprentice's performance is assessed by a competent trainer/assessor, and that feedback is shared with the apprentice to complete the learning experience. Mock assessment sheets are available to download from the Highfield Assessment website and may be used for this purpose.
- use structured, 'open' questions that do not lead the apprentice but allows them to express their knowledge and experience in a calm and comfortable manner. For example:
 - CPD and reflection
 - Tell me about a time you have taken part in an appraisal or supervision.
 - How have the different principles of the Care Certificate contributed to your training and development?

- Provision of care
 - What are the techniques and principles for providing basic life support and how have you applied these in your role?
 - What are the differences between mental illness, dementia and learning disability?
- Quality
 - Tell me about a time you have contributed to improving the quality of care in your workplace.
 - How has data and evidence you have collected helped to contribute to the improvement of care delivered in your workplace?
- Risk, health and safety
 - What is your understanding of the term 'risk' in relation to your place of work?
 - Tell me about a time you had to report a near miss.

Professional discussion underpinned by a portfolio of evidence criteria

Throughout the 60-minute professional discussion underpinned by a portfolio of evidence, the assessor will review the apprentice's competence in the criteria outlined below.

Apprentices should prepare for the professional discussion underpinned by a portfolio of evidence by considering how the criteria can be met.

CPD and reflection
To pass, the following must be evidenced.
CR1 Explains how they take part in appraisal and supervision, summarising the impact on their ongoing personal development. Discusses how they have been adaptable, reliable and consistent in their approach to work tasks
CR2 Outlines the principles of the Care Certificate and describes how it has contributed to their training and development
CR3 Identifies times when they reflect on their own practice, explaining their choices and describing the impact it has on their daily work
To gain a distinction, the following must be evidenced.
CR4 <i>Evaluates the impact of reflective practice on their way of working</i>

Provision of care
To pass, the following must be evidenced.
PC5 Describes the techniques and principles for providing basic life support and how they apply them in their own practice
PC6 Describes how they assist registered practitioners in encouraging individuals to take or use prescribed medicines within the limitations of their own role and organisational policy
PC7 Explains how they have supported others with appointments, enquiries and/or referrals using relevant IT and telephone systems
PC8 Defines mental capacity and describes the difference between mental illness, dementia and learning disability, giving an example of when they recognised and responded to an individual's mental capacity
PC9 Explains the principles of health promotion, outlining the services available and how referrals are made, acting on opportunities to support others in maximising their health, well-being and positive lifestyle choices
To gain a distinction, the following must be evidenced.
PC10 <i>Reviews the extent to which their support has maximised the health, wellbeing and positive lifestyle choices of individuals</i>

Quality
To pass, the following must be evidenced.
Q1 Identifies how they contribute to quality improvement activities in the workplace, by giving examples of how they have helped to collect data or used evidence to make improvements to practice
To gain a distinction, the following must be evidenced.
Q2 <i>Evaluates how far the evidence they have collected has contributed to improvement activities in the workplace</i>

Risk, health and safety
To pass, the following must be evidenced.
R1 Defines risk in relation to their place of work and describes their actions when raising concerns and reporting incidents, errors or near misses in line with organisational policies and procedures
To gain a distinction, the following must be evidenced.
R2 <i>Evaluates the impact on the organisation of their response to identified risks, incidents or errors and/or near misses in their place of work</i>

[Click here to return to contents](#)